



# STAFFORD COUNTY PUBLIC SCHOOLS SERVICE EMPLOYEE REFERENCE FORM

Phone: 540-658-6560 Fax: 540-658-5970

Date \_\_\_\_\_

Dear \_\_\_\_\_

I am applying for a position as a \_\_\_\_\_ with Stafford Schools. Please complete the evaluation categories that apply to your knowledge of my background, and mail this form directly to **the Department of Human Resources, Stafford County Public Schools, 31 Stafford Avenue, Stafford, Virginia 22554.**

I ( ) agree ( ) do not agree to waive my right of access to your response. Thank you.

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Position held

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Dates of Employment

Please check each of the items below.

	Superior	Above Average	Average	Below Average	Unknown
<b>Quality of Performance</b>					
<b>Knowledge/Skills for this position</b>					
<b>Attitude and Enthusiasm</b>					
<b>Judgment</b>					
<b>Attendance</b>					
<b>Dependability</b>					
<b>Communication Skills</b>					
<b>Cooperation</b>					
<b>Poise and Confidence</b>					
<b>Interpersonal Skills</b>					
<b>Personal Appearance</b>					

Would you reemploy this individual? ( ) Yes ( ) No

Comments: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_